

EXHIBIT J
Loss Ratio Report Form
New Jersey Individual Health Coverage Program

Reporting Year _____, for the Preceding
Calendar Year Ending December 31, _____

Name of Carrier: _____ NAIC # _____

Address: _____

Carriers shall complete and file a separate Report Form for each affiliate. Note: Read the corresponding regulation, N.J.A.C. 11:20-7, before you complete this Report.

- A. Net Earned Premium for Standard Health Benefits Plans \$ _____
- B. Total Losses Incurred (1-2-3+4+5+6) = \$ _____
1. Claims paid during the preceding calendar year regardless of the year incurred; \$ _____
2. Residual reserve set on June 30 of the preceding calendar year for claims incurred prior to January 1 of the preceding calendar year; \$ _____
3. Claims paid from January 1 through June 30 of the preceding calendar year for claims incurred prior to January 1 of the preceding calendar year as reported in the preceding calendar year's loss ratio report; \$ _____
4. Claims paid from January 1 through June 30 of the reporting year for claims incurred prior to January 1 of the reporting year; \$ _____
5. Residual reserve for claims incurred prior to January 1 of the reporting year, not paid as of June 30 of the reporting year; \$ _____
6. Pro-rata share of the reimbursable net paid loss assessment paid by the carrier during the preceding calendar year pursuant to N.J.A.C. 11:20-2.17;
[i x (ii ÷ iii)] = \$ _____
- i. Total net paid loss assessment \$ _____
- ii. Net earned premium for standard health benefits plans \$ _____
- iii. Net earned premium for all health benefits plans \$ _____
- C. Loss Ratio (B ÷ A) = _____ (If less than 75%, fill out D and E below)
- D. Amount entered on line B ÷ .75 = \$ _____
- E. Amount to be refunded to policy or contract holders (A - D) = \$ _____

If the amount entered on line C is less than 75%, you must attach to this Report a refund plan that conforms with N.J.A.C. 11:20-7.5. Please submit this form and a refund plan to the address listed in N.J.A.C. 11:20-2.1(h).

I certify that the above information is accurate, complete and has been prepared in accordance with N.J.S.A. 27A-9e(1) and (2) and N.J.A.C. 11:20-7.

Actuary's Signature

Actuary's Name (Please print clearly)

Title

Date

Telephone Number

Facsimile Number